

PERMIT # 1325 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: William Baker (508-481-2444)

Address: Box 99, 3 Johnson Rd., Southboro, Mass 01772

LOCATION OF CONSTRUCTION Road ^{Via} Avenue, Peaks Island

CONTRACTOR: Richard Baker SUBCONTRACTORS: 91-J-1-6, L-13-17, 6-21 & 22

ADDRESS: Hawthorne, Road, N. Yarmouth, Me MINOR, MINOR STRUCTURE

Est. Construction Cost: \$35,000 Type of Use: single family cottage

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Minor, State Plan review, construct new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE single family as per plans.

Residential Buildings Only: # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Sid (s) _____
- Footings Size _____
- Foundation Size _____
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lvl. Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ spacing _____
- No. windows _____
- No. Doors _____
- Header Size: _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____
- Sheathing Type _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Size _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only	
Date: <u>October 3, 1988</u>	Subdivision: Yes / No _____
Insulb Fire Limit: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$35,000</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>Minor, Minor - \$50.00</u>	

Building Fee - \$195.00 **PERMIT ISSUED**

Ceiling:

- Ceiling Joists Size: _____ Spacing OCT 25 1988
- Ceiling Strapping Size _____ Spacing _____
- Type Ceiling: _____
- Insulation Type _____
- Ceiling Height: _____ **City of Portland**

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____
- Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: F _____ Back _____ Side _____

Review Required:

Zoning Board Approval Yes _____ No _____ Date: _____

Planning Board Approval Yes _____ No _____ Date: _____

Conditional Use: _____ Variance: _____ Site Plan: _____ Subdivision: _____

Shore and Floodplain Mgmt: _____ Special Exception: _____

Other (Explain): _____

Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant William Baker Date 10/3/88

Signature of CEO Da Date _____

Inspection Dates _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(607) 263-3626

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISLAND		
Street	REED AVE I LOT 1		
Subdivision Lot #	TAX MAP 9, BLOCK 7 LOT 13-15, 21, 22		
PROPERTY OWNERS NAME			
BAKER BROWN		ROSALIE I	
Last		First	
Applicant Name	ROSALIE I BAY	UN	
Mailing Address of Owner/Applicant (if Different)	11 LATISQJAMA	242	
	SOUTHBORO MA	12	

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

JUL 29 1988

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the Local Plumbing Inspector to deny a Permit.

Rosalie I Bay
Signature of Owner/Applicant

Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1 <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2 <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3 <input type="checkbox"/> ENGINEERED (> 200 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4 <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1 <input type="checkbox"/> BED 2 <input type="checkbox"/> TRENCH</p> <p>3 <input type="checkbox"/> CHIMNEY 4 <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>WELL</p>
<p>SIZE OF PROPERTY 34,000 SF</p>	<p>ZONING IR-1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1 <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1 <input type="checkbox"/> NONE</p> <p>2 <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1 <input type="checkbox"/> NOT REQUIRED</p> <p>2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3 <input type="checkbox"/> REQUIRED</p> <p>DISP. _____ GALS</p>	<p><small>CRITERIA USED FOR DESIGN FLOW (LIVING ROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</small></p> <p>3 BED ROOMS 450</p> <p>CONSERVATIVE</p> <p>SEPARATED LAUNDRY - 90</p> <p>LOW VOLUME TOILET - 45</p> <p>DESIGN FLOW 315 (GALLONS/DAY)</p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE 4</td> <td>CONDITION A III</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR 22</p>	PROFILE 4	CONDITION A III	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1 <input type="checkbox"/> SMALL</p> <p>2 <input checked="" type="checkbox"/> MEDIUM</p> <p>3 <input type="checkbox"/> MEDIUM-LARGE</p> <p>4 <input type="checkbox"/> LARGE</p> <p>5 <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1 <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2 <input checked="" type="checkbox"/> CHAMBER 306* Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3 <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4 <input type="checkbox"/> OTHER: _____</p>	
PROFILE 4	CONDITION A III				

SITE EVALUATOR STATEMENT

USED IT INDICATOR OF POLYMETHELENE CHANGERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On OCTOBER 18, 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin
See Evaluator or Professional Engineer's Sign Here
Local Plumbing Inspector Signature or a Local Site Evaluation Worker or a Local Owner

0003/4814 7/6/87
CL# 1 PE#

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Floor, Subdivision

Owner's Name

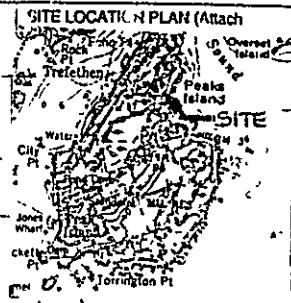
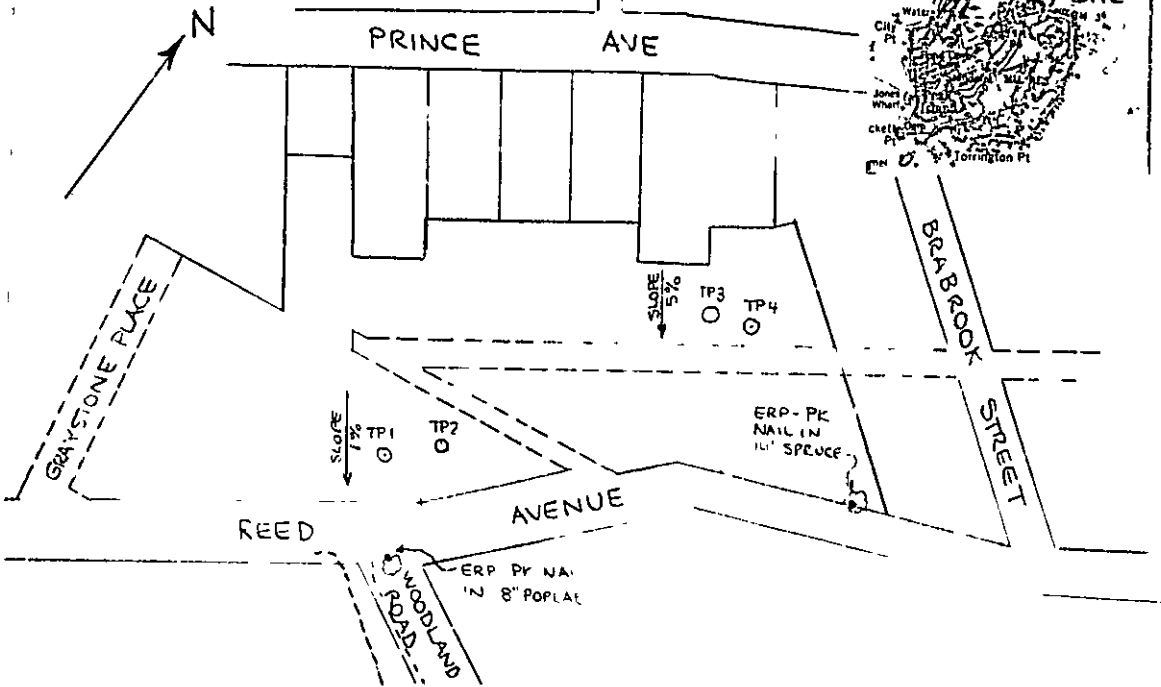
PORTLAND PEAKS ISLAND REED AVE 91

ROSALIE I BAKER-BROWN

SITE PLAN

Scale 1" = 100' FL.

SITE LOCATION PLAN (Attach)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
2' FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

Observation Hole 2 Test Pit Boring
2' FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			RED BROWN	
6				
10	GRAVELLY LOAM	LOOSE	LIGHT BROWN	NONE
15				
20				
30	GRAVEL	CEMENTED	RED BROWN	COMMON
40				
50	BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		LIGHT BROWN	
6				
10	GRAVELLY LOAM	LOOSE		NONE
15			RED BROWN	
20				
30	GRAVEL	SLIGHTLY CEMENTED		COMMON
40				
50				

Soil 4 Classification AIII Slope 1% Limiting Factor 28

Soil 4 Classification AIII Slope 1% Limiting Factor 22

William B. Goodwin
Title: Estimator or Professional Engineer's Signature

0003/4814
SE# / PE#

7/6/82
Date



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: Reed Avenue, Peaks Island

Issued to Rosalee Baker-Brown

Date of Issue Aug. 5, 1988

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/1677, has had final inspection has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions

This certificate supersedes
certificate issued

Approved:

3-5-88
(Date)

Arthur Collins
Inspector

[Signature]
Inspector of Building

ROR
E. Good

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Applicant: *Dick Baker*
Address: *Reed Ave. Peaks Island*
Assessors No.: *91-1-1*

Date: *Jan 8, 1988*

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - *IR-1*
Interior or corner lot - *Interior*
Use - *Construct single family dwelling*
Sewage Disposal - *Inground disposal*
Rear Yards - *30'*
Side Yards - *60' and 88'*
Front Yards - *68'*
Projections -
Height - *2 story*
Lot Area - *40,000 sq ft with public water*
Building Area - *268 sq ft*
Area per Family - *40,000 sq ft*
Width of Lot - *280'*
Lot Frontage - *350'*
Off-street Parking - *O.K.*
Loading Bays - *NA*

Site Plan -

Shoreland Zoning -

Flood Plains -

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Dick Baker
Applicant

October 21, 1987
Date

6 Hawthorne Road, No. Yarmouth
Mailing Address

Reed Avenue, Peaks Island
Address of Proposed Site

Single family dwelling
Proposed Use of Site

91-I-1
Site Identifier(s) from Assessors Maps

40,000 sq. ft. / 32' x 74' 768 sq. ft.
Acreage of Site / Ground Floor Coverage

IR-1
Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors 2

Board of Appeals Action Required: () Yes () No

Total Floor Area 1,536 sq. ft.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due _____

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
 - Requires Board of Appeals Action
 - Requires Planning Board/City Council Action

Explanation _____

Use complies with Zoning Ordinance — Staff Review Below

Zoning:
SPACE & BULK,
as applicable

	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	
COMPLIES																			
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS: _____

A.K. P. J. Turner - Jan 8 1988
SIGNATURE OF REVIEWING STAFF

BUILDING PERMIT REPORT

DATE: 11/Jan/88

ADDRESS: 91-I-1 Reed Ave. Peaks Island ME

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Rosadee - Baker - Brown

CONTRACTOR: Dick Baker

PERMIT APPLICANT: Baker

APPROVED: H.S. 7 - DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- * 4.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- * 5.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 6.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- *7.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.
- 8.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

/ksc
11/9/87

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Dick Baker

Date October 21, 1987

Mailing Address 6 Hawthorne Road, No Yarmouth

Address of Proposed Site Reed Avenue, Peaks Island
91-I-1

Proposed Use of Site Sing& family dwelling

Site Identifier(s) from Assessors Maps IR-1

Area of Site / Ground Floor Coverage 40,000 sq. ft. / 32' x 24' 768 sq. ft.

Zoning of Proposed Site IR-1

Site Location Review (DEP) Required: () Yes () No
Board of Appeals Action Required: () Yes () No
Planning Board Action Required: () Yes () No

Proposed Number of Floors 2
Total Floor Area 1,536 sq. ft.

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
APPROVED CONDITIONALLY															
DISAPPROVED															

CONDITIONS SPECIFIED BELOW
REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

[Signature] 1/4/88
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



CITY OF PORTLAND, MAINE

389 CONGRESS STREET

PORTLAND MAINE 04101

(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

January 11, 1988

RE: 91-I-1 Reed Ave. Peaks Island, Maine

Mr. Dick Baker
6 Hawthorne Road
North Farmcuth, Maine 04096

Dear Sir:

Your application to construct a single family dwelling as been reviewed and a permit is herewith issued subject to the following requirement(s):

Site Plans Review

Public Works and Inspection Services approved.

Building Code Requirements

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. All concrete shall be protected from freezing.
3. Please read and implement items 4, 5 and 7 of the attached work sheet.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

Enclosure

cc: Robert Roy, Planning Engineer



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

Recd Avenue, Peaks Island

Issued to Walter Buxer-Treen

Date of Issue Aug. 5, 1988

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/1677, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8-5-88
(Date)

William Allen
Inspector

[Signature]
Inspector of Buildings

APR 88
E. Gough

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PERMIT # 001677 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT # _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Rosalee Baker-Brown

Address: 11 Lattisquama Road, Southboro, MA

LOCATION OF CONSTRUCTION Reed Avenue, Peaks Island

* CONTRACTOR: Equinox Builders SUBCONTRACTORS: Go Dick Baker

ADDRESS: 6 Hawthorne Road, Yarmouth 846-3744

Est. Construction Cost: 68,000 Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq Ft _____ # Stories _____ Lot Size _____

Is Proposed Use _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to construct single family

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: loose

2. Set Backs - Front 30' Rear 30' Side(s) 20' / 10'

3. Footings Size: 8 x 16 x 16

4. Foundation Size: 32 x 24 RT POSTS ON DEEP PIERCEMENT PYS.

5. Other _____

Floor:

1. Sills Size: PT 2x6 Sills must be anchored.

2. Girdler Size: 2x40 TRIMED W/PLYWOOD SPACERS

3. Lally Column Spacing: PT. POST 5' Size: 6x6

4. Joists Size: 2x10 Spacing 16" O.C.

5. Bridging Type: SLIP 2x10 Size: _____

6. Floor Sheathing Type: 3/4" x 11" PLY Size: _____

7. Other Material: 1/4" x 11" OVER

Exterior Walls:

1. Studling Size: 2x6 Spacing 16" O.C.

2. No. windows 7

3. No. Doors 3

4. Header Size: 2x6 OR 2x10 Span(s) 3' OR 6'

5. Bracing: Yes No _____

6. Corner Posts Size: 2x6

7. Insulation Type: SPACERS RT Size 6" x 15 1/2"

8. Sheathing Type: 1/2" x 11" PLY Size _____

9. Siding Type: 1/2" x 11" CRACKED Weather Exposure 4"

10. Masonry Materials: STONE & BRICK

11. Metal Materials _____

Interior Walls:

1. Studling Size: 2x4 + 2x4 Spacing 16" O.C.

2. Header Size: 2x6 OR 2x10 Span(s) 3' & 6'

3. Wall Covering Type: DRY + GYPSUM

4. Fire Wall if required: NO

5. Other Materials _____

For Official Use Only

Date: 10/21/87 Subdivision: Yes / No
 Name: _____
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Block: _____
 Time Limit: _____
 Estimated Cost: 68,000 Permit Expiration: _____
 Ownership: _____ Public _____ Private _____
 Value/Structure: _____
 Fee: 5210.00

Ceiling:

1. Ceiling Joists Size: 2x10
2. Ceiling Strapping Size: 4L X 3U Spacing 16" O.C.
3. Type Ceilings: VAULTED
4. Insulation Type: FIBERGLASS 15015 Size 6 x 12 1/2
5. Ceiling Height: 8' 1 1/2" R11 7' 11" R11

Roof:

1. Truss or Rafter Size: 2x10 Span 20' L x 12' 1/2" W
2. Sheathing Type: 1/2" OSB 1/4" Size _____
3. Roof Covering Type: ASPHALT
4. Other _____

Chimneys:

Type: SOIL W/IRON Number of Fire Places: 0 **PERMIT ISSUED**

Heating:

Type of Heat: FIREPLACE **JAN 11 1988**

Electrical:

Service Entrance Size: 100 AMP Smoke Detector Required: Yes / No

Plumbing:

1. Approval of soil test if required: Yes / No
2. No. of Tubs or Showers: 2x10 SHOWER
3. No. of Flushes: 2x10
4. No. of Lavatories: 2x10
5. No. of Other Fixtures: KIT. SINK

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: R-1 Street Frontage Req: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes / No Date: _____
 Planning Board Approval: Yes / No Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt: _____ Special Exception _____
 Other: (Explain) _____
 Date Approved: _____

Permit Received By: Kandi Cote

Signature of Applicant: Diane Bance Date: 21 Oct 87

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	
	Date	
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

COMMENTS 3-17-88 - NP aa
6-20-88 - posts on edge frame OK closing
in exterior beams OK. P/O K. aa

Signature of Applicant Eric Racer

Date 21 Oct '87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND

Street Subdivision Lot #: REED AVENUE

PROPERTY OWNERS NAME

BAKER-BROWN ROSALIE I

Last: First:

Applicant Name: ROSALIE I BAKER-BROWN

Mailing Address of Owner/Applicant (if Different): 11 LATUSQUAMA RD BOX 242 SOUTHBORO MASS. 01772

PORTLAND PERMIT # 2,972 TOWN COPY

Permit Issued: 17 12 88 \$ 140 FEE

Local Plumbing Inspector Signature: _____ L.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a violation of the Local Plumbing Inspector to Utility & Planning.

[Signature] Date: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: JUL 12 1988

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1 NEW SYSTEM

2 REPLACEMENT SYSTEM

3 EXPANDED SYSTEM

4 SEASONAL CONVERSION

5 EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1 NO RULE VARIANCE REQUIRED

2 NEW SYSTEM VARIANCE Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form

3 Requires only Local Plumbing Inspector Approval

4 Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1 NON ENGINEERED SYSTEM

2 PRIMITIVE SYSTEM (Includes Alternative Toilet)

3 ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4 TREATMENT TANK (ONLY)

5 HOLDING TANK

6 ALTERNATIVE TOILET (ONLY)

7 NON ENGINEERED DISPOSAL AREA (ONLY)

8 ENGINEERED DISPOSAL AREA (ONLY)

9 SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1 BED 3 TRENCH

2 CHAMBER 4 OTHER _____

DISPOSAL SYSTEM TO SERVE:

1 SINGLE FAMILY DWELLING

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER _____ SPECIFY _____

SIZE OF PROPERTY

31,234 SF

ZONING

IR-1

TYPE OF WATER SUPPLY

WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1 SEPTIC: Regular Low Profile

2 AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1 NONE

2 LOW VOLUME TOILET

3 SEPARATED LAUNDRY SYSTEM

4 ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1 NOT REQUIRED

2 MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)

3 REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATWO, EMPLOYEES, WATER RECORDS, ETC.)

3 BEDROOM CONSERVATIVE: 450

SEMI-AUTOMATIC LAUNDRY: 90

LOW VOLUME TOILET: 45

DESIGN FLOW: 315 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4 CONDITION: A II

DEPTH TO LIQUEFIED FACTOR: 16

SIZE RATINGS USED FOR DESIGN PURPOSES

1 SMALL

2 MEDIUM

3 MEDIUM-LARGE

4 LARGE

5 EXTRA-LARGE

DISPOSAL AREA TYPE/SIZE

1 BED _____ Sq Ft

2 CHAMBER 306 Sq Ft

REGULAR H 25

3 TRENCH _____ Linear Ft

4 OTHER: _____

SITE EVALUATOR STATEMENT: USED BY INSTALLATION POINT HEREIN

OCTOBER 18, 1977 (date) all changes in system configuration

On NOVEMBER 14, 1977 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules

[Signature] 0053/4814 4/23/88

Site Evaluator or Professional Engineer's Signature SE/PE# Date

Local Plumbing Inspector Signature & Local Site Evaluation Must be Under a Local Order

Page 1 of 3
HME-200 Rev. 4-83

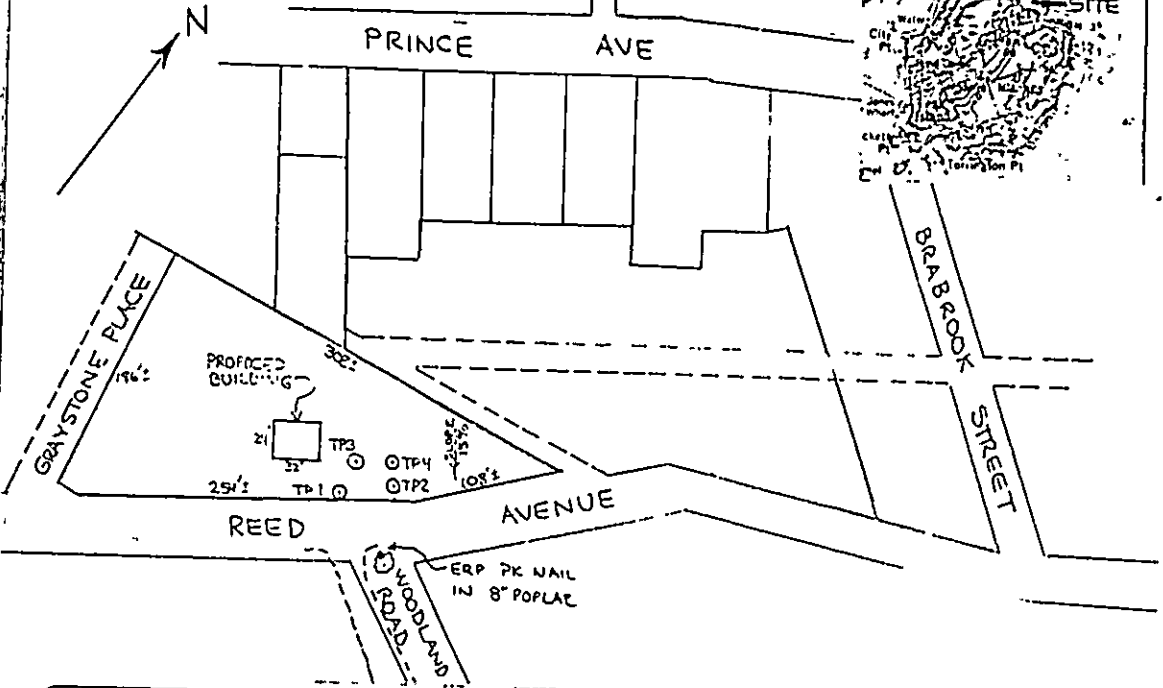
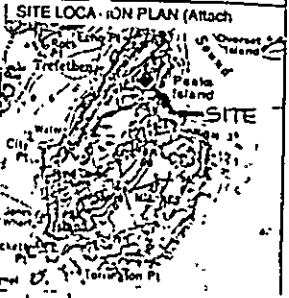
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND REED AVE**
Street, Road, Subdivision: _____
Owners Name: **ROSALIE I. PAKER-BROWN**

SITE PLAN

Scale 1" = 100' FL



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring

2' FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-2			RED BROWN	
2-10	GRAVELLY LOAM	LOOSE		
10-20			LIGHT BROWN	NONE
20-30				
30-40	GRAVEL	CEMENTED	RED BROWN	COMMON
40-50	BEDROCK			

Soil: 4 Classification: AIII Slope: 15 Limiting Factor: 28
 Groundwater Perched Layer None

Observation Hole 2 Test Pit Boring

2' FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-2	SANDY LOAM		LIGHT BROWN	
2-10	GRAVELLY LOAM	LOOSE		
10-20			RED BROWN	NONE
20-30	GRAVEL	SLIGHTLY CEMENTED		COMMON
30-40				
40-50				

Soil: 4 Classification: AIII Slope: 15 Limiting Factor: 22
 Groundwater Perched Layer None

William B. Gardner 0003/4814
Site Evaluator or Professional Engineer's Signature

1/23/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Municipality

Street, Road, Subdivision

PORTLAND PEAKS ISLAND

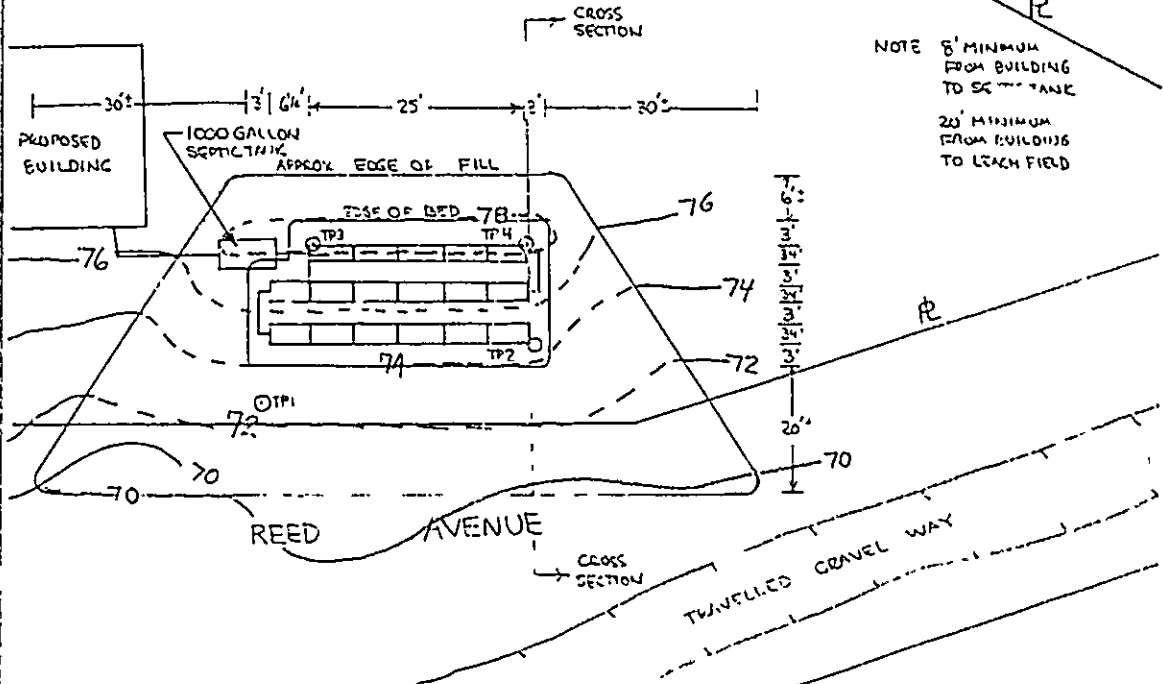
REED AVE

Owners Name

ROSALIE I BAKER-BROWN

SUBSURFACE WASTEWATER DISPOSAL PLAN

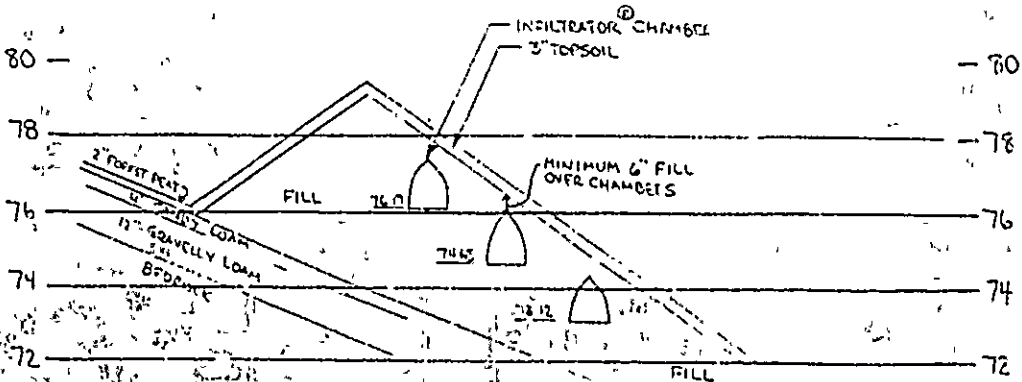
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	29'	Reference Elevation Is	68.62	ERP - PENAL IN 8" POPLAR ACROSS REED AVENUE	
Depth of Fill (Downslope)	23'	Bottom of Disposal Area	76.17		
		Top of Distribution Lines or Chambers	77.42		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4' FL
Horizontal: 1 Inch = 10' FL



Rosalie I. Baker-Brown
Site Evaluator or Professional Engineer's Signature

2003/4/21/14
SE PE

4/23/88
Date

EXISTING Deck to be
DEMOLISHED AND rebuilt
on concrete FOUNDATION.

J. J. Gust

100'

RECEIVED

MAY 20 1986

39'

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

LOWER
DECK

19'

18'

53'

EXISTING
HOUSE

58'

51'

150'

PAVED
PARKING
AREA

60'3"

22'

~~103' Road City
Section 102~~

PLOT PLAN

